

Application for a Registered Establishment to participate in the Approved Auditor Program

A separate application form must be submitted for each Registered Establishment.

1. Establishment Details	
Name:	
Establishment Number:	
Establishment Address:	
State:	Post Code:
Postal Address: If same as establishment address	write
'As Above'	
State:	Post Code:
Phone Number:	
	<u> </u>
2. Commodities	
Dairy	Eggs Fish
Approval to engage an Approved Auditor for some commodities will be dependent on current service delivery arrangements with state regulatory authorities and may also be subject to importing country requirements.	
3. Management Declaration	
I can confirm that the re	gistered establishment named in section 1 has:
 an approved arrangement (AA) that is approved without conditions 	
 an acceptable rating for the audit immediately prior to the date of this application 	
 has no outstandi 	ng enforcement action against it.
NOTE: This section must be completed by a person listed as a company management official in the Certificate of Registration for the Registered Establishment listed in Section 1.	
Name:	
Position:	
Signature:	
Date:	

Completed application form to be sent to:

Dairy, Egg and Fish Export Program
Department of Agriculture, Water and the Environment
PO Box 858
CANBERRA CITY ACT 2601
or by e-mail to: dairyeggsfish@awe.gov.au

Application for a Registered Establishment to participate in Approved Auditor Program V1.3 Feb 2021